S
362.2905
A35t
1987

PLEASE RETURN

The Habit

ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
1539 11TH AVENUE, HELENA, MONTANA 59620
(406) 444-2827

STATE DOCUMENTS COLLECTION

FEB 2 1988

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

AUGUST, SEPTEMBER, OCTOBER, 1987

MONTANANS CARING FOR KIDS II CONFERENCE

The Montana Communities for Drug Free Youth, Inc., and Great Falls Core Team are sponsoring a prevention conference. The conference, "Montanans Caring for Kids II" will be held in Great Falls at the Heritage Inn, January 21-22, 1988. This promises to be even better than last years conference. Plan on attending. For further information contact:

Carol Habets
1323 9th Avenue South
Great Falls, MT 59405

#

TWO DIVISIONS COMBINE

The Alcohol and Drug Abuse Division has been combined with the Mental Health and Residential Services Division effective October 12, 1987. The newly created division is titled Treatment Services and includes both a Chemical Dependency Bureau and a Mental Health Bureau. Robert W. Anderson, Administrator of the Alcohol and Drug Abuse Division has been appointed Acting Administrator of this new Division. This merger was necessary because of continued decreases in staff positions in both division since the advent of block grants and the discontinuation of categorical grants. This reorganization s at the state level only and will not affect services in the communities.

#

CITE RECEIVED A $35,000 ACTION GRANT

CITE (Community Intervention Through Education) based in Hardin, received $35,000 from Action. This money is for office staff cost, programs and coordination of volunteer efforts to extend alcohol and drug abuse awareness into the middle and elementary school levels countywide. CITE focuses on the wellness of the individual.

Primary goals for CITE are:

1. Making the transition to middle school from Ft. Smith and Crow Agency more comfortable.

2. Providing a retreat for the student and their parents centered around talking about sensitive issues such as drugs, alcohol and relationships.

3. Develop "Teens in Partnership" which will be a peer counseling program.

4. Education of community through awareness workshops, TALK project and PAR (Parents are Responsible) program.

CITE has proven itself to be a viable and respected prevention program for the Hardin area.

#

Montana State Library
3 0864 1004 9792 7

PROGRAM PROVIDES ALTERNATIVES

Northern Montana College has received a $28,254 grant from the Fund for the Improvement of Post Secondary Education [FIPSE] that will develop alternatives for drug and alcohol use prevention on campus.

According to project director Cami Wells, the program will combine college and community efforts to control the use of alcohol and drugs, and will provide students with chemical-free alternatives for socializing to alleviate present and future chemical dependency problems. The project relies heavily on volunteers: using campus clubs to provide entertainment and keep the food services open after hours; training faculty, staff and student volunteers in peer counseling techniques; and manning a community hotline for alcohol and drug-related problems.

According to Wells, the project demonstrates Northern's commitment to dealing with the issue of substance abuse among students and staff in a positive, non-punitive manner, bringing all available educational resources to bear upon the issue in a caring manner. In a student survey conducted on campus during Spring Quarter of 1987, 448 of 542 students indicated they used alcohol for recreational and social activities. Sixty percent of the students contacted thought there was a need for an alcohol/drug program at NMC.

During the coming year the legal age for drinking in Montana will rise from 19 to 21 years. The campus alcohol policy has been modified to reflect this change and there is a possibility that, with alcohol now banned from the residence halls, recreational use of alcohol by NMC students could pose a problem.

NMC students, faculty and staff members, and Havre area residents interested in participating in the project should contact the Associated Students of Northern Montana College at 265-3700.

Reprinted From: Havre Daily News
September 21, 1987 issue

#

BLUE BAY HEALING CENTER RECEIVES $968,261

The Confederated Salish and Kootenai Tribes received notification that the concept of Blue Bay Healing Center will become a reality as soon as January 1, 1988. The Confederated Salish and Kootenai Tribal Health Department Alcohol Program will receive approximately $300,000 annually for a three year period from the OSAP demonstration grants.

Blue Bay Healing Center will be a culturally-relevant, residential treatment program using an integrated community based treatment approach for high risk Native American youth residing on the Flathead Indian Reservation. The Center's primary goal is to break the generational cycle of substance abuse by providing primary residential treatment and training human service providers and community members in order to develop support networks.

It is felt that the generational cycle will be broken when the youth from dysfunctional homes can identify healthy community members and begin modeling their behavior after them rather than the dysfunctional behavior within their own homes.

Good luck Blue Bay Healing Center on this exciting and innovative healing process!

#

BOARD OF CRIME CONTROL ANNOUNCES GRANT AWARDS

1. Rimrock Foundation, Billings - $50,301
 To establish a library service for Montana

2. Conrad Police Department - $ 1,830
 Purchase audiovision equipment to make presentations to the schools

3. Providence, Great Falls - $13,146
 Proposal to present prevention/education information to rural communities in a three county area around Great Falls. The goal is to enable the target communities to establish their own active home-based efforts with follow-up support from Providence.

4. Providence, Great Falls - $ 7,463
 Training proposal to present a workshop in six locations around the state for social service professionals. The purpose is to provide skills in effective intervention with individuals and families with substance abuse problems.

5. Youth Justice Council - $15,344
 Training projects for targeted professional groups including Juvenile Probation Officers, Residential Child Care Workers, Law Enforcement officers and other Juvenile Justice personnel. Development of regional training to present crime prevention programs and the McGruff program directed to grade schools.

6. Westside Mental Health, Helena - $26,085
 Specialized intervention program for 28 youth enrolled in a pre delinquent day program.

7. CITE, Hardin - $45,194
 Twofold program: a) target high-risk youth (pregnant) in the Hardin High School with specialized drug education program; b) develop community education and specialized prevention program for rural communities.

#

ROCKY BOY PRIDE PROJECT

The Rocky Boy School system received notice from the Office of Substance Abuse Prevention that they will receive approximately $139,000 annually for a two year period. This will be used for the PRIDE Project (prevention, retention, intervention, deterrence and education) which will mobilize the community and schools. Activities will include development of culturally specific K through 12 curriculum, support groups throughout the community and schools, teen center and parent education. Good luck on your new endeavor.

#

FLATHEAD CA/RE RECEIVES $40,000

The CA/RE Program received notice of grant award from Office of Substance Abuse Prevention for approximately $40,000 for a three year period. The Early Intervention to Counter Drug and Alcohol Abuse Among Youth Grant will hire a coordinator for the numerous programs that are in place. The funding will also be used to equip an office and library in order to house and catalog all community owned resources in a central location for the community and schools. This grant would also network the neighboring communities of Big Fork, Columbia Falls, Whitefish, Libby and Eureka.

#

HELP: HAVRE PREVENTION GROUP RECEIVED $175,600 GRANT

HELP an acronym for Havre Encourages Long Range Prevention is a five year old coalition of community members from a wide range of businesses and professions. The grant submitted to the Alcohol, Drug Abuse and Mental Health Administration, Office of Substance Abuse Prevention (OSAP) was awarded approximately $58,000 annually for a three year period.

The overall goals for the Northern Montana Comprehensive Drug/Alcohol Project covering Hill, Blaine, and Liberty Counties are as follows:

1. To coordinate agencies and institutions to record the incidence of drug and alcohol use to form a data base that will be helpful to all agencies and institutions in Northcentral Montana.

2. To expand the involvement and coordinated participation of multiple community service agencies in Havre and in other Northcentral Montana communities in the planning and development of comprehensive services for high risk youth.

3. To increase the availability and accessibility of appropriate, effective community-based prevention, treatment and rehabilitation services for high risk youth at all grade levels both in Havre and in 10 other Northcentral Montana communities.

4. To decrease the incidence of drug and alcohol abuse among high risk youth who are currently in treatment by offering them educational and career alternatives.

HELP is run by a 15 member board of directors with an estimated additional 30-40 volunteers and 100 students in the Havre school system.

Congratulations on your tremendous efforts in the Havre community. Good luck in your new endeavors at expansion and keep the positive energy flowing!

#

SHODAIR ADOLESCENT CLOSES THEIR DOORS

Shodair Adolescent Chemical Dependency Center officially opened their doors October, 1982 with 16 beds. Shodair expanded to Billings in 1986.

Shodair has made a marvelous contribution to Montana communities. A minimum of 700 families have had their lives change as a result of Shodair.

The greatest contribution Shodair has given communities is the awareness that adolescents can be dependent and recover.

All of Montana has experienced a loss at the closing of these two adolescent treatment facilities.

#

$10,000 CAP ON POSTAL MONEY ORDERS went into effect August 2. New rule applies to single sale, or cumulatively, in a single day...Dept of Justice had asked U.S. Postal Service for help because there's been so much laundering of drug money by drug dealers. "Because of the laundering situation, dealers find it easier to buy some money orders and cash them than to take the money to a bank" under the Bank Secrecy Act's reporting requirements, said Postal Service's Jeanne O'Neill.

From: Pulse Beats
September, 1987

DELINEATING PREVENTION:
A CONTINUUM OF PROGRAMMING

Frank Underwood, OH NPN REP, offers the following categorization scheme being used in Ohio to define prevention efforts when planning and reporting staff activities.

The prevention of alcohol and other drug abuse problems is a multi-faceted and complex issue requiring a wide range of activities. The following categorization should prove useful to Preventionists in planning, coordinating, and evaluating the efforts of their agency and community. By assessing and categorizing existing programs, one can begin to answer such questions as: What is the "mix" of activities in our area? What are we missing? What do we need to expand? And, where can our limited resources be most efficiently and effectively focused?

When attempting to assign a given activity to one of the five categories, consider the goal of the endeavor. Certain functions are inherently necessary to implement a program, but they are not goals in and of themselves. For instance, to instruct a classroom curriculum would require development of certain knowledge and skills, marketing and negotiation with school officials, planning and preparation of materials, documentation and other paperwork for your employer, etc. While each of these efforts can be time consuming and are critical to the success or failure of the project, the goal is educating the students in the classroom. Therefore, this project would be listed under Category II - Education of the following scheme:

Category I - Awareness: Non-direct or one-time contact with target audience, usually based on effecting knowledge and attitudes. Examples include: Speeches/presentations, literature distribution, media campaigns, etc.

Category II - Education: Direct, usually multiple contact with target audience, based on effecting knowledge, attitudes, and behavior. Examples include: curriculum or course instruction, support group facilitation, etc.

Category III - Training: Developing skills of "impactors," who will in turn provide awareness and/or education to (ultimate) target group. Examples include: curriculum in-service, Teenage Institutes, parenting courses, etc.

Category IV - Advocacy: Broad range of activities geared to modifying systems in order to "mainstream" prevention through policy and law. Also addresses control (agent) strategies aimed at effecting the production, marketing and distribution of alcohol and other drugs. Examples include: legislative lobbying, consultation and technical assistance, committee/board membership, etc.

Category V - Administration: Basic functions geared to ensure the maintenance and/or expansion of effective and efficient prevention programs. Examples include: research and data analysis, coordination/networking, funding/resource generation, etc.

(A final word: be creative in utilizing this programming continuum. If it helps to facilitate discussion and understanding, then it will have been of value!)

#

REP. GLENN ENGLISH, D-OK, introduced legislation to require that drug-testing labs follow specific standards in testing of employees of private companies. "Drug testing has become a fact of life in the 1980's," said the Oklahoma congressman. "Its increasing prevalence makes it crucial at this point to ensure that those conducting such tests provide fair and uniform procedures across-the-board." He noted that uniformity in testing would also benefit employers by helping protect them from liability for poorly conducted tests.

From: PULSE BEATS
September, 1987

MOUNTAIN BELL SPEAKS OUT IN REGARD TO EMPLOYEE ALCOHOL AND DRUG EDUCATION

Mountain Bell is about to undertake a 2½ year alcohol and drug education effort with its employees and their families. Furthermore, the Company has adopted a policy which is clearly treatment oriented to abuse and will not conduct random or mandatory drug screening of employees. This effort will be actively supported and promulgated by management at all levels and by union.

The educational blitz will include: Company President/CEO editorial in Company newspaper, publication of new alcohol and drug policy in clear terms, at least 3 different videotapes produced especially for this program, letters mailed to employee homes, experiential training for supervisors, awareness videotape for all employees, professional speakers at meetings, help-line, check stub slogans, a contest and awards, tent card in break rooms, informational articles in Company newsletters and publications, brochures, bulletin board display, reference material detailing signs and symptoms to watch for in employees.

Mountain Bell employees additionally have access to on staff Employee Assistance Counselors.

Program effectiveness will be measured by sampling employee knowledge base both before and at the end of the extended effort.

#

RIMROCK FOUNDATION AND SHODAIR ENTER TREATMENT SERVICES AGREEMENT

Rimrock Foundation, Billings, has entered into formal agreement with Shodair Children's Hospital, Helena to assure continuation of adolescent chemical dependency treatment services at Saint Vincent Hospital and Health Center in Billings.

The transition will be completed by early November. However, Rimrock Foundation has expanded its present adolescent treatment program to accommodate closure of Shodair's program, and is prepared to accept adolescents who suffer from alcoholism or drug dependency without delay.

Rimrock Foundation has been providing chemical dependency treatment services for both adults and adolescents since 1968. It is the only Montana facility to be accredited on a national level by the Joint /Commission on Hospital Accreditation under the consolidated standards, the highest standards achievable.

The agreement between Rimrock Foundation, Saint Vincent Hospital, and Shodair must be reviewed and approved by the State of Montana Department of Health and Environmental Sciences. The Rimrock Foundation Adolescent Chemical Dependency Unit at Saint Vincent Hospital and Health Center will serve families from Montana, Wyoming, and other surrounding areas.

#

SCREENING POLICE FOR DRUG ABUSE: Almost three-fourths of USA police departments are screening applicants for drug use, while several are considering mandatory testing of all officers, according to a National Institute of Justice report. International Association of Chiefs of Police (IACP) recently developed a model drug-testing policy. It includes testing applicants and recruits, and testing a current employee when indications show employee's impaired or he experiences reduced productivity, high absenteeism or behavior inconsistent with previous performance. For free copy of report, write: National Institute of Justice, Box 6000, Dept AFB, Rockville, MD 20850.

FROM: PULSE BEATS
September, 91987

MAPIN

Montana Advocacy Program for Impaired Nurses began April, 1987 with the purpose of providing education and confidential referral and support for RN's and LPNs with substance abuse and related problems. There are 250,000 impaired nurses in the United States. A nurse dies daily of a drug overdose because nurses are too afraid of losing their licenses to seek help even if they can identify the need.

MAPIN is an organization created by recovering nurses that provides a support group which meets every 2 months in Helena. MAPIN will focus on developing a statewide network for the impaired nurse. Goals for the 1989 legislature will be to remove felony charges against nurses caught stealing drugs contingent upon treatment and to raise license fees in order to fund a position.

Fur further information please contact:

Carol Sem, R.N., Program Director
MAPIN
127 North Higgins, Suite H
Missoula, MT 59802

#

THREE DRINKS A WEEK UP ODDS OF BREAST CANCER

Women who have just three alcoholic drinks each week increase the odds of having breast cancer - and even a single drink a day is associated with a 50% higher chance of getting the disease, according to two studies recently published in the New England Journal of Medicine.

The studies indicated that women drinking only modest amounts of beer, wine or liquor have a greater chance of getting breast cancer than do women who do not drink.

But it is noted that such statistics do not prove that alcohol causes the disease.

Said Dr. Walter Willett of the Harvard School of Public Health, director of one of the studies, "I think we can't be completely sure there is a cause-and-effect association. Nevertheless, the consistency between the different studies is rather remarkable. So one has to give this possibility of a cause-and-effect relationship very serious consideration."

"A fairly substantial proportion of breast cancer can be attributed to alcohol consumption should this relationship turn out to be (only) causal," said the director of the other study, Dr. Arthur Schatzkin of the National Cancer Institute.

The Harvard study suggests that those consuming a drink or more a day have a 50% higher chance of getting breast cancer, and those averaging half a drink a day have an increased risk of 30%.

Reportedly, no danger was found among women having fewer than three drinks a week.

The NCI study found, in general, that women who drink have a 50% greater likelihood of getting cancer-with the risk going up 60% to 100% for those having more than three drinks a week.

Responding to the question as to whether a woman should stop drinking in light of the studies, one researcher said it would be rational to say, "Yes, there is some uncertainty (in the studies), but I'm going to play if safe and reduce my drinking."

Reported From: Alcoholism Briefs;
Issue 3; Summer 1987

THE GREAT COOLER CAPER

Propelled by a massive investment in advertising, wine coolers continue to skyrocket in sales, with 1987 sales volume running 30 percent ahead of 1986. The coolers - usually mixtures of wine, fruit juice and carbonated water - are gaining popularity as a "light" beverage at a time when many health-conscious people are shying away from conventional alcoholic drinks.

What the ads and labels don't reveal, however, is that wine coolers typically contain more alcohol by volume than beer. The alcohol content of the coolers ranges around 6 percent. For most beers it ranges between 4 and 5 percent.

The California trade monthly Beverage Bulletin reports that women still dominate the cooler market, but men are becoming "more comfortable" with the product, thanks to advertising with a masculine theme.

Also, a distributor is quoted as saying customers are finding more and more occasions for drinking wine coolers. While most sales continue to be over-the-counter in supermarkets and liquor stores, new television commercials are attempting to popularize the coolers as drinks to be ordered at bars.

Reported from: Prevention File;
Winter, 1988

#

PARENTS: OUT OF TOUCH WITH KIDS' DRUG USE

Most parents underestimate how likely their kids are to drink and use drugs and they overestimate the likelihood their kids will confide in them. An Emory University Medical School study of 600 Atlanta area high school seniors and their parents shows:

- 35% of parents said their children had used alcohol in the last 30 days; 67% of the students said they had.
- 3% of parents said their kids had used marijuana in the past 30 days; 20% of students said they had.
- When asked in whom teens would confide about drug abuse, more than half the parents chose themselves. But only 20% of the seniors said they'd go to their parents, 70% would go to a friend; 8% would tell siblings.

"Parents tend to underestimate the importance of peer relationships," said Emory psychiatry professor Wade Silverman. He says the study suggests that anti-drug programs organized and run by teens with adult supervision have the best chance of success.

From: SODA Satellite,
Vol.6, No. 3, December 1986

#

70 PERCENT OF ATLANTA'S HOMELESS DEATHS ARE ALCOHOL-RELATED

The majority of deaths among the homeless result from alcohol abuse, a new study shows. Randy Hanzlick, M.D., of the Fulton County medical examiner's office and researchers of the Centers for Disease Control conducted a study of homeless deaths which occurred from July 1985 to June 1986.

Of an estimated 4,000 to 7,000 homeless people, 40 deaths occurred during that period. Twenty-eight deaths (70%) resulted from alcohol and included acute alcohol- poisoning, chronic alcoholism, seizures, freezing, fires and other accidents.

FROM: DRUG ABUSE UPDATE
September, 1987

AIDS, AND TEENS AND SEX AND DRUGS

An acronym that only a few years ago was virtually unknown by the American public has now become a household word. AIDS, or technically, Acquired Immune Deficiency Syndrome, has the ability to produce long term illness and death.

For some, facing the AIDS issue will be difficult. To respond to the problem we are all forced to look at our values and beliefs regarding sex, sexual practice/ preference, and also to address problems such as elicit drug use, prostitution, and child exploitation. The cost of disregarding any of these issues as related to AIDS will be high.

Acquired Immune Deficiency Syndrome (AIDS) is a virus that enters the body, most commonly through sexual contact or by sharing intravenous drug needles. The AIDS virus then attacks a person's immune system and depletes the body's ability to ward off other disease. Without a healthy immune system the individual becomes infected by "opportunistic" bacteria, fungi and other viruses that may be pneumonia, meningitis and cancer.

Both intravenous drug users and homosexual populations have been considered "high risk" groups for the spread of the AIDS virus. Now the AIDS virus is showing up in many other population groups. For example, recent figures show that heterosexual, non-drug-using women carrying the AIDS virus doubled. It is also expected that teenagers may become the next "high risk" population.

There are several reasons why teens may be at risk of being infected by the AIDS virus. The reasons include:

1. Teens choosing to be sexually active do not always take the precautionary methods needed (i.e. condoms) to control the spread of the virus. If their partner is a carrier of the AIDS virus, there is an increased chance of infection without proper protection.

2. Many teens have their initial and subsequent sexual involvements during intoxication. Being intoxicated does not allow an individual to use proper judgment regarding precautionary methods.

3. Some studies show that nearly 80% of teen runaways become involved in prostitution. The male and female runaways then have sexual partners who are commonly in the "high risk" male population (both bi-sexual and heterosexual), ages 25 to 35. The teens infected with the AIDS virus return to their peer group and possibly continue the spread of the disease.

4. Male and female teenagers are often sexually exploited by adult males in the AIDS "high risk" groups. As in the teen prostitution situation, the sexually exploited teens carrying the AIDS virus, risk infecting others in their peer group if they choose to be sexually active.

Knowing the facts about AIDS is the only defense we have against the spread of the disease. Those working with "high risk" groups are in particular need of education about the disease and how to control the spread of the virus. In homes, schools, treatment settings and elsewhere, we need frank talk about AIDS, sex, intoxication and drugs. For some, sexual abstinence will be the answer; others will need to maintain single partner relationships or utilize condoms for defense.

Excerpted from: Community Update
New Connection Programs, Inc.
73 Leach Street
St. Paul, MN 55102
Vol.4, No.2 April 1987

#

DRUGS AND AIDS

AIDS (Acquired Immune Deficiency Syndrome) is a disease that destroys the immune system (the system that protects the body from disease). It leaves its victim without ability to fight off a variety of rare infections. First reported about six years ago, AIDS is now a full-blown epidemic. Yet AIDS is different from other epidemics. The word cure is not in its dictionary. The AIDS virus is so powerful that it has defied all efforts to find an effective agent strong enough to control it or kill it.

By the end of 1986, more than 29,000 Americans had contracted AIDS. In another five years this total may exceed 270,000. One estimate is that at least 1.5 million persons now carry the virus but as yet have not actually gotten the disease. Any or all of these people could possible develop the disease itself. There is no method at present to determine who will or will not become victims.

Dark as the AIDS picture is, however, it is not all darkness. There are some hopeful spots here and there. For one thing, AIDS is not very contagious. Measles, also a viral disease, is spread far more easily, as are such diseases as polio, tuberculosis, malaria, and cholera. In normal, healthful life it is very difficult to get the AIDS virus.

And a diagnosis of having the AIDS virus may not be a death warrant. Up to the present time the ratio of those harboring the virus to those who contract the disease has been about 10 to 1, though now the ratio seems to be shrinking some. But all who live a healthful, positive lifestyle virtually assure themselves of a strong defense against the virus.

The AIDS virus can enter the body through only three substances: blood, semen, and vaginal secretions. People get AIDS mainly through sexual contact or by sharing needles used to inject drugs.

About the only exceptions to this are a much smaller number of people who get the virus through blood transfusions or infants who receive the virus at birth from their infected mothers.

Even when the virus is in the body, certain conditions need to prevail in order for it to become active, not the least of which is a weakened immune system.

The immune system is one of the greatest wonders of the human body. It's a complex network of self-protection. It constantly fights off invasions by viruses and bacteria. It even has a memory capability so it can respond more quickly in case invaders return.

The AIDS virus has a complicated scientific name. It's called human T-cell lymphotrophic virus III (NTLVIII). The name refers to its way of attacking some very important fighting units of the body's defense army. It virtually wipes out the infection-fighting, T-4 helper cells. As the virus gains a foothold, interferon production slows down, the body's fighter cells stop attacking invaders and the mopping-up units quit killing virus-infected cells.

In other words, the body's army has been infiltrated. Its power to fight an invading enemy has been severely reduced. This is why AIDS victims don't actually die from AIDS. Instead they are overcome by illnesses resulting from the infiltration of the AIDS virus.

The immune system can be weakened by a number of factors -- bad eating habits, poor hygiene, excessive stress, and repeated exposure to contagious diseases (in AIDS, especially sexually transmitted diseases).

Many research studies link drug use, including that of tobacco and alcohol, to the loss of immunity. This suggests that drug use can open the door to invasion by the AIDS virus.

Most of us know that people who inject drugs are subject to frequent and often severe infections. But it's not merely the unsterilized needles that cause the trouble. The drugs themselves depress the immune system and prepare the way for invading viruses and bacteria. That's why past or present users of intravenous drugs are one of the main groups of people susceptible to AIDS.

Drugs and Aids (continued)

Marijuana is another drug that sabotages the body defenses. For nearly 20 years it has been linked to decreased immunity. Marijuana decreases the body's ability to produce antibodies, according to Dr. Gabriel G. Nahas, research specialist at Columbia University in New York. Marijuana also attacks other units of the body's defense army, including the lymphocytes.

Such a suppression of the immune system "clearly props the door wide open for AIDS viruses," says Dr. George F. Lewis of McMaster University in Hamilton, Ontario. This is why researchers are linking marijuana use more and more to susceptibility to the AIDS virus.

"There is an astonishing record of recreational drug use among AIDS patients," says Dr. Cesar Caceres, a Washington, D.C., doctor who specializes in treating AIDS patients.

Significantly, this drug use is not primarily intravenous. It represents drugs taken orally (barbiturates, amphetamines, LSD, and PCP), snorted (cocaine), sniffed (amyl and butyl nitrites, and smoked (marijuana). In fact, he says, drug abuse, not homosexuality, is the most common risk factor for AIDS. "We find that 79 percent of AIDS patients have been drug abusers," he notes. "If you add marijuana to this picture, you would have close to 100% use.

There is no doubt that tobacco smokers get more infections and develop chronic diseases, especially lung infections and various types of cancer. Dr. Caceres says that one study found that a pack-a-day smoker of high-tar cigarettes not only suppresses the immune system, but also reverses the T-4 cell rations. In other words, smoking high-tar cigarettes kills off the very cells needed to fight infection.

Drinking can do the same. Heavy drinkers and alcoholics always run an increased risk of developing respiratory-tract problems, tuberculosis, and certain kinds of cancers. The alcohol has suppressed their immune systems and made them more susceptible to illness.

"If you smoke, drink, do drugs, or have sex with a lot of people, your immune system will be weakened. You will become susceptible if you come in contact with any infectious disease," Dr. Caceres concludes.

By: Francis A. Soper
Excerpted from Listen
June 1987

#

INHALING CLEANING FLUID KILLS TEEN

Sniffing Energine, a cleaning fluid, recently resulted in the untimely death of an 18-year-old man. The cause of death was apparently a heart attack brought on by inhalation of the toxic fluid.

Other fluids such as glue, paint, solvents, gasoline and fingernail polish are well-known toxins which can cause irreversible, damaging effects, if sniffed. All of these substances are dangerous, and sniffing them is illegal.

FROM: DRUG ABUSE UPDATE
September, 1987

#

ALCOHOL AND DRUG INFORMATION SYSTEM (ADIS)

The Alcohol and Drug Information System of the Chemical Dependency Bureau has collected and processed treatment data from all state approved chemical dependency programs since 1976. This information continues to be an invaluable resource in the management and planning for chemical dependency services in Montana: "Until you know where you've been and where you are, you don't know where you're going."

The bureau collects admission, discharge and follow-up information for all individuals admitted to state approved programs. This data consists of three components - treatment of individuals for an alcohol or drug problem; treatment of family members; and the Montana Court School, an assessment and educational program for those convicted of driving while intoxicated.

The following statistics represent all admissions to state approved programs for the past eight years. The data is accumulated on a fiscal year basis and includes all components of treatment programs; detoxification, hospital and residential facilities and outpatient services.

Some interesting trends in chemical dependency services can be seen in the increasing numbers of people admitted to alcohol or drug treatment from 1980 through 1985. In FY 1986, the state experienced a 17% decrease in treatment admissions. The reasons for this considerable drop in the number of people presenting themselves for treatment in FY 1986, after a number of years with a steady increase, is unclear. While a great many factors have effected this decrease, the current economic climate throughout the state, combined with declining revenue sources which fund chemical dependency treatment services, may have had considerable impact on the number of people receiving treatment in Montana. Additionally, the ongoing education and prevention efforts of the treatment programs have also played a major role in this reduction in treatment admissions.

The recently completed data for fiscal year 1987 shows a 5% increase in treatment admissions over 1986. We will need to analyze the data for the next two or three years to see if a trend in either direction has become a reality.

One trend that has become firmly established throughout the state is in the increasing numbers of people attending Montana Court Schools after being convicted of driving while intoxicated: Our state has experienced nearly a 600% increase in this figure in the last seven years. An obvious impact on this was passage of House Bill 364 in 1981, which mandated the completion of court school by any individual convicted of drunk driving.

An additional influence on this figure has been the consistently changing social attitudes toward drunk drivers. Drinking and driving is becoming less acceptable in our society and this change in attitude is reflected in the increasing numbers of individuals attending Montana Court Schools. The growing public concern about this problem has enabled Montana legislators, the courts and law enforcement agencies to take a more aggressive approach to drunk drivers on our streets and highways.

#

MONTANA CHEMICAL DEPENDENCY PROGRAMS
ADMISSION STATISTICS - FY 80 - 87

FY	Alcohol/Drug Treatment Admissions	Family Members	Montana Court School DUI
1980	3,664	1,020	884
1981	7,304	1,685	1,419
1982	8,143	1,615	2,342
1983	7,909	1,708	3,582
1984	8,703	2,652	4,178
1985	9,077	3,060	5,099
1986	7,573	3,249	4,883
1987	7,910	3,274	5,066

THE TROUBLE WITH STEROIDS

The accent today is on body image. Add to that the intense pressure to succeed in sports from patents, team mates, and the ambitions of the athlete and you see why there is such a clamor for steroids.

"But a steroid enhanced body image is a false image," states the article, "Anabolic Steroids: Pumping Trouble," appearing in the July issue of Listen magazine.

"You've got to look in the mirror every day," says William Allen, M.D., former president of the American College of Sports Medicine. "You're cheating yourself if what you see is the result of drug use."

The article points out that because steroids, the synthesized male sex hormone testosterone, give immediate results in strength and endurance, users overlook the less obvious risks to their health, risks especially high for youth who haven't finished physical development.

Immediate negative effects of steroid use include aggressive behavior, acne, and cessation of hormone production. Long-term side effects like psychological dependency, early aging, liver and kidney damage, sterility, and heart disease are possible.

Since taking the drug is prohibited in most sports, users get steroids illegally and take them without supervision. Overuse and misuse are common.

#

CERTIFICATION CORNER

CERTIFICATION SYSTEM CHANGES

Proposed rule changes were submitted to the Secretary of State's office on October 19, 1987 and were published on October 29, 1987 in the Montana Administrative Register. A public hearing will be held November 30, 1987 at 10:00 a.m. in the main conference room at the Department of Institutions, 1539 11th Avenue, Helena, MT.

The proposed changes involve the following areas:

1. The rules regarding the registration process and the written exam have been amended to allow a written examination fee to be paid at registration to cover the cost of a contracted written exam.

2. The rules pertaining to management/supervision and prevention education endorsement areas have been deleted. Additionally, prevention/education endorsements were deleted from the A.C.T. and MIP program requirements.

3. The continuing education requirements have been extended to a 4 year recertification time frame with 28 points/168 hours instead of 30 points required. Therefore, the one (1) year extension and/or warning period has been deleted.

4. Requirements for both structured workshop training and inservice training have been clarified.

5. The entire rule reflects administrative changes, ie, all references to ADAD have been changed to state the department.

Anyone wishing to comment on these proposed rule revisions should attend the hearing on November 30, 1987 or send written comments to Nick Rotering, Hearing Officer, Department of Institutions, 1539 11th Avenue, Helena, MT 59620.

If you have any questions please contact Norma Jean Boles at 444-4931.

#

NEWLY CERTIFIED PERSONS

450	Jack L. Shannon, Jr.	Chemical Dependency
451	Semi A. Sanvig	Prevention/Education
452	Adrienne Amen	Chemical Dependency
453	Kimberly Anderson	Chemical Dependency
454	Sharon L. Bearcomesout	Chemical Dependency
455	Kathryn Parks Bechtle	Chemical Dependency
456	JoAnne R. Blake	Chemical Dependency
457	Cheryl R. Blank	Chemical Dependency
458	Colin C. Caldwell	Chemical Dependency
459	Marie L. Dorr, D. Min.	Chemical Dependency
460	James Dempsey	Chemical Dependency
461	Donald P. Fish	Chemical Dependency
462	Cathy Joy	Chemical Dependency
463	Frank G. Knight, Jr.	Chemical Dependency
464	Peggy J. Lee	Chemical Dependency
465	Elizabeth C. Marshall	Chemical Dependency
466	Denis McLeavy	Chemical Dependency
467	John E. Paradis	Chemical Dependency
468	Terrance E. Price	Chemical Dependency
469	Daniel B. Shea	Chemical Dependency
470	Barbara Stenglein	Chemical Dependency
471	Thaddeus Wilson	Chemical Dependency
472	Dolores D. Belabraidic	Chemical Dependency
473	Nita J. Johl	Chemical Dependency
474	Carol Chisholm	Chemical Dependency
475	Herbert K. Anderson	Chemical Dependency
476	D. Kate Badenoch	Chemical Dependency
477	Carole Beckman	Chemical Dependency
478	Fred E. Fisher	Chemical Dependency
479	Karen Furu	Chemical Dependency
480	Elizabeth Houghton	Chemical Dependency
481	Harry Massett	Chemical Dependency
482	James C. Moe	Chemical Dependency
483	Jim Mollenkopf	Chemical Dependency
484	Howard Morigeau	Chemical Dependency
485	Sue A. Orand	Chemical Dependency
486	James P. Reynolds	Chemical Dependency
487	Ray Roubideaux	Chemical Dependency
488	Dorothy Veatch	Chemical Dependency
489	Anne Welty	Chemical Dependency
490	Dianne Aleta Young	Chemical Dependency
138	Richard Tolon	Chemical Dependency
491	Nancy Bennett	Chemical Dependency
492	Claire Birkeland	Chemical Dependency
493	Karla Carey	Chemical Dependency

#

CRACK NOW AVAILABLE IN TABLET FORM

Competition between drug dealers has resulted in the availability of crack in tablet form. Police first discovered tablets in Harlem, NY during a May drug raid. The tablets are sold under "brand" names such as Press, P.S. and Easy Access.

Dr. Jeffrey S. Rosecan, director of the cocaine addiction program at Columbia-Presbyterian Medical Center, warns that the tablets may "legitimize and popularize crack because people will think this is just another pill."

FROM: DRUG ABUSE UPDATE
September, 1987

BREAKING COCAINE'S BIOLOGICAL HOLD

The obsessive drug-seeking behavior of cocaine addicts seems to be due to the drug's overwhelming influence on what has been called the brain's "reward center."

The drug is believed to cause an intense stimulation of the reward center by allowing the mood-altering neurotransmitter dopamine to remain active longer than normal. It is this enhanced stimulation - perceived as euphoria - that cocaine abusers seek repeatedly.

A major focus of today's research on the biological basis of cocaine addiction centers on how this dopamine-related reward center functions naturally, how cocaine influences this center, and how, through other drugs, scientists may be able to thwart cocaine's effects on the brain. The payoff of the work is that scientists are beginning to find new drugs or ways to use old drugs to break the reward cycle of addictive cocaine behavior.

According to Dr. Roger Brown, director of the Neurosciences Research Branch at the National Institute on Drug Abuse [NIDA], cocaine addiction is a "neurochemical" disease that throws the whole reward system off balance. The challenge in treatment is to correct the biochemical changes the drug causes.

The major known effect of cocaine is that it blocks nerve cells from re-absorbing the neurotransmitter dopamine. By keeping dopamine in the synapse longer cocaine boosts and prolongs its action, causing euphoria and heightened energy. But large concentrations of dopamine also cause the nerve cells around the synapse to change: the neurons become less responsive to the excess neuro-transmitter, and normal amounts of the chemical no longer produce a reward. The inability to experience a pleasurable feeling with normal amounts of dopamine may lead to the post-cocaine depression commonly seen in abusers of the drug.

Physicians have tended to treat primarily the acute symptoms of cocaine abuse, prescribing drugs such as propanolol to treat erratic heart rhythms, diazepam to control convulsions, and chlorpromazine to relieve anxiety.

"We are now beginning to realize that there are actually several conse-quences to cocaine abuse that have to be neutralized," Brown says. "First is immediate toxicity, which is usually why the abuser shows up in the emergency room in the first place. But after that, other conditions which have to be dealt with are the biochemical readjustments which the body has made in response to cocaine, the euphoria, and the 'anguish' and depression. All of these need attention in order to prevent relapse.

Several clinicians, including NIDA grantees Dr. Herbert Kleber at Yale University and Dr. Forrest Tennant at the University of California at Los Angeles, have successfully used tricyclic antidepressants such as desipramine and imipramine to treat cocaine abusers. Since these drugs block the reuptake neuro-transmitters, such as copamine, they may act to boost neurotransmission which has been weakened by cocaine abuse.

But there are some problems with using the tricyclic antidepressants. "It should be emphasized that treatment with any tricyclic antidepressant should be done while the patient is stimulant free. If cocaine were taken during treatment with one of these drugs, there would be an intensification of the action of the cocaine, including increases in toxic responses, such as heart palpitations," Brown cautions.

While some investigators are optimistic about results using these drugs, Brown points out that it takes a long time, sometimes as much as 4 to 5 weeks, to see a change in depressive behavior. Since a patient has to abstain from cocaine while taking the tricyclic antidepressant, the results clinicians are seeing and crediting to these drugs may actually be due to the body naturally readjusting to the absence of cocaine. Another aspect in treatment with tricyclics is that they also block norepinephrine and serotonin uptake - a consequence now under study.

Amantadine hydrochloride, which augments the release of dopamine, is another drug currently used to treat depression due to cocaine abstinence. When Tennant gave amantadine hydrochloride for 3 weeks to patients who had

previously been unable to give up cocaine, they were able to abstain. Amantadine, like the tricyclics, may be considered, in a loose sense, a form of "replacement therapy."

Some researchers have reported that bromocriptine, which enhances dopamine activity, may be beneficial in treating cocaine craving; however, some patients experience blackouts and dizziness. Although early clinical results using bromocriptine have been positive, scientists feel that more closely controlled studies are needed.

Because some cocaine abusers manifest classic manic/depressive behavior and symptoms, particularly periods of heightened levels of activity, some physicians have advocated using variants of lithium for those patients.

Scientists now agree that cocaine changes the way the brain works. Basic research is being encouraged to examine exactly what happens. When they better understand these biochemical phenomena, scientists will begin to develop even more effective pharmacological treatments to lessen the extreme reinforcing nature of cocaine as well as toxicity and withdrawal symptoms.

FROM: NIDA NOTES, June Issue

#

ARE WINE COOLERS REALLY COOL?

"Wine coolers should be considered a gateway drink because their sweet taste and snappy packaging make them acceptable to people who aren't used to drinking," says the article, "Why Wine Coolers Aren't," appearing in the September issue of LISTEN magazine.

The article warns of the dangers of assuming that because wine coolers seem healthful and their ads are similar to soft-drink commercials that they are somehow OK for kids to drink. "But unlike fruit juice or soft drinks, they contain enough wine to give these coolers the same amount of alcohol as a can of beer."

Teens drink for many different reasons. Advertisers of coolers study these reasons and tailor their ads accordingly. The five major cooler manufacturers each spend $25 to $30 million on advertising. "The market will be around a long time", says Perry Luntz, editor of Beverage Alcohol Market Report. "The kids who were brought up on bland, sweet products like Kool-Aid and Coca-Cola would love this."

The article outlines the types of ads used to promote coolers and how they encourage teenagers to drink. They also encourage a problem. Twenty-six percent of children classify themselves as "drinkers" before they are 13. According to the Office for Substance Abuse, 31 percent of all 14- to 17-year- olds have an alcohol problem.

Printed from: Listen, Aug.1987

#

CUP OF COFFEE TO INTOXICATED PERSON may result not only in a wide-awake drunk, but a wide-awake drunk whose reaction time has been slowed even further by interaction of caffeine and alcohol, according to a British study reported by Alcohol Research Information Service, Lansing, MI.

FROM: PULSEBEATS
September, 1987

1987 SALARY SURVEY RESULTS

A survey of all approved alcohol/drug treatment program's personnel salaries has recently been completed. Ninety-two percent (33 programs) have responded. The results have been tabulated, and listed into three categories: 1) In-patient, 2) Urban out-patient, and 3) Rural or Multi-County outpatient. Here are the current salary ranges and average salaries for each position:

INPATIENT	SALARY RANGE	AVERAGE
Director	$ 26,000 - $49,500	$ 38,450
Treatment Supervisor	22,500 - 29,500	25,200
Inpatient Counselor	17,000 - 28,200	22,286
O/P Satellite Counselor	18,300 - 18,700	18,533
Secretary	9,300 - 19,000	15,000
R.N.	15,100 - 26,000	21,714
Business Manager	19,700 - 54,500	31,140
URBAN OUT-PATIENT		
Director/Counselor	16,700 - 34,400	27,275
Treatment Supervisor	20,200 - 23,100	21,650
O/P Counselor	10,600 - 24,500	18,313
ACT Instructors	15,800 - 22,000	18,440
Secretary/Bookkeeper	9,400 - 23,100	13,800
RURAL OR MULTI-COUNTY OUTPATIENT		
Director/Counselor	16,500 - 30,100	21,728
O/P Counselor/Supervisor	13,000 - 21,400	17,062
ACT Instructors	15,500 - 16,800	16,140
Secretary	9,000 - 11,500	10,560
Bookkeeper	12,300 - 16,600	14,133

Anyone interested in receiving a report which includes all of the salaries reported on this survey, but does not identify the treatment programs, please contact Mark Clark at ADAD, 444-4928.

#

FIFTH GRADERS GET DRUNK

Nearly 100,000 students in grades 5-6 report getting drunk at least once a week according to information released by the National Council on Alcoholism, Inc.

Other recent studies show that, 1) about 200,000 6th graders have used hard liquor by age ten, 2) alcohol use at least once weekly by 6th graders has more than doubled from the 1983-84 school year, 3) first drinking at the present time usually occurs around age 12 - compared with age 13-14 in the 1940s and 1950s, and, 4) a child will see drinking scenes 75,000 times on TV before reaching the legal drinking age.

Reprinted From: Alcoholism Briefs
Issue 3, Summer 1987

#

TRUCKERS SAY NO TO DRUGS Hundreds of truckers recently assembled in Oregon to celebrate their common position against drug abuse. The truckers arrived in convoys and enjoyed dinner and a concert by country singer, Freddy Fender.

Last year, Burns Brothers Truck Stop originated the idea of planning convoys to bring attention to the problem of drug abuse. They estimate that the convoys and a concert will help raise $40,000 which they plan to donate to anti-drug groups.

FROM: DRUG ABUSE UPDATE
September, 1987

COA TELLS STORY OF ALCOHOLISM



The drawing reproduced above is one of more than 500 drawings and writings contributed by young and adult children from alcoholic families.

They are part of a traveling national exhibit - called "The Images Within A Child's View of Parental Alcoholism" - that made its final stop on Capitol Hill in March. The opening was the setting for announcement of a new Children of Alcoholics (COA) Foundation project. The foundation will publish the artwork and teacher support materials as a teaching tool.

The C.O.A. Foundation recently published a National Directory of Resources for Children of Alcoholics. It contains information on 259 programs for adult COA's and young COA's in 158 cities and 34 states. Copies are $20.00 each and can be obtained from The COA Foundation, Box 4185, Grand Central Station, New York, N.Y. 10163.

#

STATES MOVE ON DRUG TESTING PROPOSAL

Drug testing proposals are in the agendas of many state legislatures this year. So far in 1987, six states (Connecticut, Iowa, Minnesota, Montana, Utah and Vermont) have enacted bills to either create specific rights for employees or to provide authority for employer testing. In addition, nearly thirty other states are considering or have considered the issue.

Utah became the first state in the nation to enact legislation related to this issue. Under this law it grants employers considerable flexibility in administering drug tests. Employers who wish to drug test must establish a written policy. Significantly, the law holds employers who establish a policy and initiate a testing program blameless if any suit is filed for failure to test or failure to detect a drug or other substance.

In contrast to the Utah statute, the other laws enacted thus far create specific rights for employees or place restrictions on testing by employers.

Montana's statute, SB338, prohibits any company from requiring applicants to submit to a blood or urine test as a condition for employment, except hazardous work environments or in jobs related to security or public safety, or which have fiduciary responsibility. Instead of focusing on whether evidence of impairment exists this statute focuses on the type of job the applicant is seeking.

Drug testing is also prohibited for employees unless the employer has reason to believe that the employee's faculties are impaired on the job as a result of alcohol consumption or illegal drug use.

START STOPP

An "Alcoholism Briefs" reader has sent us a copy of a printed piece describing the organization, STOPP.

STOPP was founded by a group of concerned students of Alvirne High School, Hudson, New Hampshire, along with their health teacher, Peter Jean.

Sue Rusche, writer of the descriptive piece, said that although a chapter of another don't drink organization already existed in the school, some students felt uncomfortable with its message that seemed to give underage students permission to drink, as long as they don't drive and drink.

"We wanted to take that message one step further and expouse no drinking or drugs at all."

Prior to the organization of STOPP, the Alvirne students told Health Teacher Jean, "We'd like to be able to get together to talk, listen to music and dance, knowing that no one would be stoned or drunk.

"We didn't want a 'preachy' program. Instead, we wanted to offer alternatives to drugs and alcohol by alleviating what we think are the main inducers of abuse - boredom and peer pressure."

STOPP organizes several drug and alcohol-free activities each month for students in grades 8 through 12, and operates an educational outreach program for younger students.

Rusche says that persons interested in starting a STOPP chapter in their school, can obtain helpful information by writing Students to Offset Peer Pressure, P.O. Box 103, Hudson, NH, 03051-0103.

#

TYPICAL WOMAN ALCOHOLIC NOT MIDDLE-AGED SNORTER

If you think the typical woman alcoholic is a middle-aged homemaker, who snorts scotch or sherry all day while her hubby is at the office earning a living, you're probably wrong, according to a survey recently conducted by the Chicago Area Junior League.

"The women who are seeking treatment for alcohol abuse are younger than many expect and more of them are employed outside the home," explained Lynn Nordhoff, who chairs a pilot program sponsored by the League, called, "Women to Women."

The study shows that approximately 50% of women in treatment for alcoholism are between 15 and 34 - and nearly half of them work away from the home.

The survey, the first phase of a two-phase program, obtained information from about 100 physicians, administrators and other professionals who treat alcoholics.

Discussing the next phase of the program, Nordhoff said, "We want to make women aware that alcohol has different effects on their bodies than it may have for men."

"We particularly want to reach young women with information about what alcohol can do during pregnancy and how a woman can be a healthy mother."

#

WHO DO YOU LIKE LEAST?

Some ways of giving and taking chemicals are listed. RANK them from 1-10 according to your feeling about each. Number ONE is the person toward whom you have the MOST POSITIVE feeling. The only right answer is your honest answer, including no answer at all.

* Someone who offers marijuana to a friend.

* The grandparent who serves wine to everyone in the family, young and old, at Thanksgiving dinner.

* A babysitter who gives children's aspirin to a cranky tired child.

* A neighbor who offers you a few Valium to help you during a time of personal stress.

* A person who continues to smoke at a meeting without asking non-smokers if it bothers them.

* The bartender who serves a regular customer who appears to be intoxicated.

* The older brother who supplies beer to his sister and her high school classmates.

* The manufacturer of colorful, cleverly shaped, sweet tasting vitamins advertised to "help children grow big and strong."

* The executive of a corporation who knowingly allows pollutants to be put into the air we breathe.

FROM: CHOICES
Winter, 1987

#

The Habit routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomed.

CHEMICAL DEPENDENCY BUREAU

500 copies of this publication were produced at a unit cost of $.69 per copy, for a total cost of $360.69, which includes $305.81 for printing and $54.88 for distribution.

ADAD
1539 11th Avenue
Helena, MT 59620

Return Postage Guaranteed

Bulk Rate
U.S. Postage
Paid
Permit No.89
Helena, MT